Authority to Release Information and Security

Please complete and return this form to:

SGE Credit Union Limited PO Box A253 Sydney South NSW Australia 1235 or Fax to: (O2) 9286 O331 or Email: sge@sgecu.com.au



Member number(s)								
Member name(s)								
Contact numbers	Work		Mobile					
	Home		Fax					
Property	Street no and name							
	Suburb	State		Postcode				
Estimated settlement date								
Tick if	Refinancing - please complete section 1							
	Selling - please complete section2							
	Other - please complete section 3							
I/We authorise you to provide								
1. Name of refinancing institution								
Contact name								
Phone number								
Address of refinancing institution	Street no and name							
	Suburb	State		Postcode				
OR								
2. Name of your solicitor								
Phone number								
Address of your solicitor	Street no and name							
	Suburb	State		Postcode				

with information about our loan(s) and associated securities as they may request.

Please arrange the appropriate release of mortgage and repayment of related loan accounts for the above property and hand all relevant documents over to the above mentioned Financial Institution/Solicitor on settlement.

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3. Where do you want SGE to send your title deeds? Details	Home address - Complete details below Solicitor - Complete details below Collect at our branch at Name						
	Street no and name						
	Suburb		State		Postcode		
Member name(s)	Please note	that regular repayments sh	ould continue unti	I the loan is paid o	ut.		
Signature(s)							
Date(s)							
Credit Union Staff will complete to	his position						
Credit Union Staff will complete t	his section						
Member verified Completed by]		Authorise	d by	7	
Signature				Signa			
Date Date					Date	7	